

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 175

Registered No. _____

1. PLACE OF BIRTH

County YumaState Ariz.

Township _____

or Village _____

City _____

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jonathan Steel

{ If child is not yet named, make supplemental report, as directed

3. Sex

Male

If plural births

4. Twin, triplet, or other _____

6. Premature _____

7. Legiti-

Full term Yesmate? Yes8. Date of birth 10-19-30 19____
(Month, day, year)

9. Full name

FATHER

Lawrence Steel

18. Full maiden name

MOTHER

Maude Cassa10. Residence (usual place of abode) San Carlos
(If nonresident, give place and State) Ariz.19. Residence (usual place of abode) San Carlos
(If nonresident, give place and State) Ariz.11. Color or race 4/4 12. Age at last birthday 33 (Years)
Apache Indian20. Color or race 4/4 21. Age at last birthday 23 (Years)
Apache Indian13. Birthplace (city or place) San Carlos
(State or country) Ariz.22. Birthplace (city or place) San Carlos
(State or country) Ariz.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Section Hand, R.R.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 3 yr.

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7:00A m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. R. Ruyke

M. D.

or _____

Midwife

Given name added from a supplemental report 123-1019-431

(Date of) _____

Address San Carlos, Ariz.Filed 10/30 1930

Registrar.

Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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